



## Direct Deposit Payroll Authorization Form

IAP World Services, Inc.

Employee Name (Last, First, Middle) **Please Print**

Social Security Number

Project Name

Employee Number

### Check ONE Box in Section A and B

#### A

- ☐ Initiate payroll direct deposit
- ☐ Change my current payroll direct deposit
- ☐ Discontinue payroll direct deposit

#### B

- |  |  |
|--|--|
| <input type="checkbox"/> Checking Account* | <input type="checkbox"/> Savings Account |
| _____ Full Amount                          | _____ Full Amount                        |
| _____ Partial \$ _____                     | _____ Partial \$ _____                   |
| _____ Remainder                            | _____ Remainder                          |

### To be Completed by Financial Institution

Financial Institution

Financial Institution Telephone Number

Financial Institution Address

Transit / ABA Routing Number

Account Number Information

### Employee Authorization

"I authorize IAP World Services, Inc. to deposit my payroll check into an Account at the Financial Institution listed above. If funds to which I am not entitled are deposited to my account, I authorize IAP World Services, Inc. to direct the Financial Institution to return such funds. This authorization shall remain in effect until I have cancelled it in writing or upon rejection of deposit by the bank because the account is closed."

Employee Signature

Date

**Note: By signing this document you understand that the automatic deposit does not take place immediately. It takes time to process with your financial institution. Your first paycheck (or two) will most likely be "live" check(s). Also, any changes you may make to your current automatic deposit distribution will most likely create a "live" check pending a pre-note with your financial institution.**

USE A SEPARATE FORM FOR ADDITIONAL BANK ACCOUNTS/FINANCIAL INSTITUTIONS.

\*SUBMIT WITH VOIDED CHECK

FORMS WILL NOT BE PROCESSED WITHOUT COMPLETE INFORMATION